Classification

REPORTS INVENTORY

CONTROL NO. DDS/OL/SD-50

XXXXXXX

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)	2. TYPE OF REPORT		
STAT Location ☐ Error Readouts		X	STATISTICAL
			NARRATIVE
			MACHINE-NAME LISTING

3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL
	X	LOGISTICS		SECURITY		OTHER (specify)
		MEDICAL		FINANCE		

4. NO. OF COPIES PREPARED	5. FREQUENCY (weekly, monthly, quarterly, etc.)	6. DISTRIBUTION (No. of components not number of copies)
2	Semi-Monthly	2

7. FORMAT (memorandum, form computer print-out, etc)	8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT
Computer Readout	X	YES	IF YES GIVE ADP PROCESSING NO.
		NO	104

10. PREPARING COMPONENT (include lowest level contributing information to report)	11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)
STAT OCS OL/SD/SMB/GMMS - ☐	

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS-5	3.15		1		3.15		24		75.60

B. COSTS OF COMPUTER PRODUCED REPORTS

					.03		48		1.44

TOTAL COSTS PER YEAR	77.04

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. **STAT**

This report is required to correct ☐ error readouts **STAT** caused by erroneous computer input. Since both the ☐ and OL/Management are involved in these actions, both receive distribution of this report.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT	ESTIMATED SAVINGS	
X RETAIN AS IS ☐ OTHER (explain)	MAN-HOURS	DOLLARS
CHANGE		**STAT**
DISCONTINUE		

16. DATE OF INVENTORY	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION	18. EXTENSION
STAT 25 Sept 70	AC/OL/SD/SMB/GMMS	☐

Classification

FORM 142
9-70

(22-36-43)